

The Classic

Application of Curative Therapy in the Ward

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Abstract This Classic article is a reprint of the original work by Henry Chase Marble, Application of Curative Therapy in the Ward. An accompanying biographical sketch on Henry Chase Marble, MD, is available at DOI [10.1007/s11999-009-0789-7](https://doi.org/10.1007/s11999-009-0789-7). The Classic Article is ©1920 by the Journal of Bone and Joint Surgery, Inc. and is reprinted with permission from Marble HC. Application of curative therapy in the ward. *J Bone Joint Surg Am.* 1920;2:136–138.

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During the war the Government added to the resources of the Base Hospitals in France an aid to treatment, administered thru the Reconstruction Aides. During the past few months the terms have crept into use; Occupational Therapy, Physio Therapy, as if each were an end unto itself, each the only factor necessary to heal the wounded man. This is a serious mistake. Let us not be led astray from the object of the Medical Corps even in thought and talk of this therapy and that therapy but let us unit them all under a competent surgeon, pool all the resources and make towards a successful whole. Any work aside from ward work with wounded soldiers will not be included in this paper and the means and methods only that were used in Base Hospital No. 6, A. E. F. will be recited.

In direct charge of all medical and surgical work is the surgeon, either the ward surgeon or the Chief of Department. At his disposal are various resources, the nurses, the orderlies, and the aides. The work of the nurses, their devotion to duty and brilliant work is well known to this association, and the assistance of enlisted men of the Medical department was valuable and intelligent, but it will be my scope to tell of the work of the Aides, occupational and physical.

Occupational Aides

The occupational aide working under the direction of the ward surgeon strives thru simple and graded occupation, first for mental rehabilitation, second for restored function. Were the soldier well and back with his regiment, the process would be called establishing morale, but in wounded men it must be called mental rehabilitation. During this period active medical or surgical treatment is going on.

The direction of the medical officer is necessary in order that the correct amount of work shall be given. Often the men most in need of occupation are the hardest to start and afterward to keep busy, often a man doing very little work requires more, and rarely a man is doing more than is required and must be slowed down. This is the work of the ward surgeon, and is a necessary and important detail of the after care.

Later when the patient is up in the wheel chair or about the ward on crutches, some attempt may be made towards functional restoration, again always under careful and minute supervision of the medical officer. Occupational

therapy is a therapeutic resource, an assistant to after care and must be used by the medical officer as such. If he does not give it the time it requires, it fails to fulfill its purpose. As Dr. Blake said here a few days ago: "It is the man behind the splint." So in this work, it is the man behind the treatment.

Physio Ward Work

The work of the physio aide is of quite another type, but at the same time is under the immediate direction of the medical officer. Her function is to prevent deformity, to stimulate and encourage active motion, to direct and aid muscle re-education. Patients with large compound fractures were benefitted by massage and motion of adjacent joints while atrophy of the neighboring muscles was diminished. All of the work was done in the wards and careful records kept of improvement. In cases with only muscle wounds, after closure, early motion and rapid return to active work was the policy. The barometer of motion being always pain.

In Base Hospital No. 6 the daily ward visits included beside the ward surgeon or Chief of Department, the nurse, the enlisted man, who acted as splint man, and the two aides, occupational and physio. At each wounded soldier's bed the nurse reported upon the progress of the wounds and general condition; the enlisted man was on hand to adjust and rearrange the splinting; the physio aide demonstrated the muscle and joint progress; and the occupational aide

showed the progress in her work. The type of occupational work found most suited for bed patients was rug making, toy making, weaving, stenciling, printing and bead weaving.

We had, because of short personnel, the opportunity at one time to compare wards in which the reconstruction aides were and were not at work, wards containing the same type of cases, wards all under the care of the same surgeon. In every case the verdict was overwhelmingly for the reconstruction aides, a verdict not only of physical progress, but also a verdict of moral progress.

There is one further method which is closely allied with this ward work that I have found of great value. It is the application of new measuring devices to ward work, methods of fairly accurately measuring joint function. Let us now put aside old inaccurate guess methods and substitute accurate methods of measuring. Simple devices can be elaborated so that every body motion can be measured. By charting these figures, the wounded soldier follows with great interest and delight, his return to normal function.

These are simple copper or wooden frames that fit over or about the limb and are fitted with a dial and pointer. Upon this dial is recorded, after applying the apparatus, the extent of flexion or extension, the degree of abduction and adduction. These give fairly accurate readings that can be charted graphically. For instance a soldier with limited extension of the elbow, watches with keen interest the weekly measurements from 90 degrees to 100 degrees to 120 degrees, etc., out to normal. It puts aside old methods of guess and approximation and substitutes a method of accuracy.